County: Portage
PORTAGE COUNTY HEALTH CARE CENTER
825 WHITING AVENUE
STEVENS POINT 54481 Phone 825 WHITING AVENUE
STEVENS POINT 54481 Phone: (715) 346-1374
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 135
Total Licensed Bed Capacity (12/31/00): 135
Number of Residents on 12/31/00: 119 Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census: County Skilled No Yes 121

***********	****	***********	*****	************	******	*********	*****
Services Provided to Non-Residents	- 1	Age, Sex, and Primary Diagn	Length of Stay (12/31/0	0) %			
Home Health Care Supp. Home Care-Personal Care	No   No	Primary Diagnosis	 %	Age Groups	%	Less Than 1 Year 1 - 4 Years	33. 6 42. 9
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0. 0 36. 1	Under 65 65 - 74	5. 0 5. 9	More Than 4 Years	23. 5
Respite Care Adult Day Care	No No	Mental Illness (Other) Alcohol & Other Drug Abuse	4. 2 0. 0	75 - 84 85 - 94	27. 7 57. 1	********	100. 0 *******
Adult Day Health Care Congregate Meals	No Yes	Para-, Quadra-, Hemi pl egi c Cancer	0. 0 3. 4	95 & 0ver	4. 2	Full-Time Equival Nursing Staff per 100	
Home Delivered Meals Other Meals	Yes No	Fractures Cardi ovascul ar	0. 8 16. 0	65 & 0ver	100. 0 95. 0	(12/31/00)	
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	12. 6 5. 9	Sex	%	RNs LPNs	11. 1 6. 1
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	4. 2 16. 8	Male	28. 6	Nursing Assistants Aides & Orderlies	48. 2
Mentally Ill Provide Day Programming for	No		100. 0	Female	71. 4		
Developmentally Disabled ************************************	No	**********	*****	***********	100. 0	 ************	******

## Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	ri vate	Pay		Manage	d Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ ]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	. %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	2	2. 6	\$113. 87	0	0. 0	\$0.00	1	3. 4	\$148. 25	0	0.0	\$0.00	3	2. 5%
Skilled Care	11	100.0	\$249.55	59	76.6	\$96. 86	2	100. 0	\$96. 86	23	79. 3	\$140.68	0	0.0	\$0.00	95	79. 8%
Intermediate				15	19. 5	\$79.85	0	0.0	\$0.00	5	17. 2	\$133. 10	0	0.0	\$0.00	20	16. 8%
Limited Care				1	1.3	\$68. 51	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	0.8%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	11	100.0		77	100. 0		2	100. 0		29	100.0		0	0.0		119	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti o	ns, Services	, and Activities as of	12/31/00
				%	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	7.0	Daily Living (ADL)	Independent	0ne 0	r Two Staff	Dependent	Resi dents
Private Home/With Home Health	1. 9	Bathi ng	5. 0		42. 9	52. 1	119
Other Nursing Homes	5. 7	Dressi ng	15. 1		37. 8	47. 1	119
Acute Care Hospitals	84.8	Transferring	30. 3		36. 1	33. 6	119
Psych. HospMR/DD Facilities	0.0	Toilet Use	27. 7		24. 4	47. 9	119
Rehabilitation Hospitals	0. 0	Eati ng	<b>65</b> . 5		17. 6	16. 8	119
Other Locations	0.6	***************	******	*****	******	********	******
Total Number of Admissions	158	Continence			Special Trea		%
Percent Discharges To:		Indwelling Or Externa		3. 4		Respiratory Care	9. 2
Private Home/No Home Health	27. 9	Occ/Freq. Incontinent		30. 3		Tracheostomy Care	0. 8
Private Home/With Home Health	26. 0	Occ/Freq. Incontinent	of Bowel	21. 0		Suctioning	0. 8
Other Nursing Homes	1. 3					Ostomy Care	1. 7
Acute Care Hospitals	9. 7	Mobility	-			Tube Feeding	4. 2
Psych. HospMR/DD Facilities	0.0	Physically Restrained		3. 4	Recei vi ng	Mechanicallÿ Altered I	iets 41.2
Rehabilitation Hospitals	0.0						
Other Locations	5. 2	Skin Care				nt Characteristics	
Deaths	29. 9	With Pressure Sores		0.8		ce Directives	75. 6
Total Number of Discharges		With Rashes		6. 7	Medications		
(Including Deaths)	154			****	Kecei vi ng	Psychoactive Drugs	52. 1
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	Ownershi p:		ershi p:	Bed	Si ze:		ensure:		
	Thi s	This Government		100- 199		Skilled		Al ]	
	Facility	Peer Group		Peer Group		Peer Group		Faci l	lities
	%	%	Ratio	%	Ratio	%	Rati o	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89. 6	86. 7	1.03	86. 4	1. 04	87. 0	1. 03	84. 5	1.06
Current Residents from In-County	92. 4	<b>58</b> . 7	1. 57	79. 8	1. 16	69. 3	1. 33	77. 5	1. 19
Admissions from In-County, Still Residing	23. 4	28. 8	0. 81	23. 8	0. 99	22. 3	1. 05	21. 5	1.09
Admissions/Average Daily Census	130.6	<b>57. 6</b>	2. 27	109. 7	1. 19	104. 1	1. 25	124. 3	1.05
Di scharges/Average Daily Census	127. 3	61. 8	2.06	112. 2	1. 13	105. 4	1. 21	126. 1	1.01
Discharges To Private Residence/Average Daily Census	68. 6	17. 2	3. 99	40. 9	1. 68	37. 2	1. 84	49. 9	1. 38
Residents Receiving Skilled Care	82. 4	82. 5	1.00	90. 3	0. 91	87. 6	0. 94	83. 3	0. 99
Residents Aged 65 and Older	95. 0	88. 2	1. 08	93. 9	1.01	93. 4	1. 02	87. 7	1.08
Title 19 (Medicaid) Funded Residents	64. 7	80. 0	0. 81	68. 7	0.94	70. 7	0. 91	69. 0	0.94
Private Pay Funded Residents	24. 4	16. 8	1. 45	23. 2	1.05	22. 1	1. 10	22. 6	1.08
Developmentally Disabled Residents	0. 0	0. 9	0.00	0. 8	0.00	0. 7	0.00	7. 6	0.00
Mentally III Résidents	40. 3	48. 7	0.83	37. 6	1.07	37. 4	1. 08	33. 3	1. 21
General Medical Service Residents	16. 8	17. 6	0. 96	22. 2	0. 76	21. 1	0. 79	18. 4	0. 91
Impaired ADL (Mean)	<b>55.</b> 8	43. 1	1. 30	49. 5	1. 13	47. 0	1. 19	49. 4	1. 13
Psychological Problems	52. 1	<b>59</b> . 3	0. 88	47. 0	1. 11	49. 6	1. 05	50. 1	1.04
Nursing Care Required (Mean)	8. 2	7. 2	1. 14	7. 2	1.14	7. 0	1. 16	7. 2	1. 15